



## Indiana National Guard Relief Fund (INGRF) Application

For more information please call 1-800-237-2850, Ext: 3192

**Mail or Fax To:** Indiana National Guard Relief Fund  
ATTN: JFHQ-J9-FP  
2002 S. Holt Road  
Indianapolis, IN 46241  
Fax: 317- 481-5961

### ***Military Member's Information***

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

RANK: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME STATION UNIT OF ASSIGNMENT: \_\_\_\_\_

IS MEMBER MARRIED: \_\_\_\_\_ IF NO, DOES MEMBER HAVE A FAMILY MEMBER IN DEERS? \_\_\_\_\_

### **APPLICATION INFORMATION (SPOUSE'S INFORMATION OR IF OTHER THAN MILITARY MEMBER)**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_

I / WE **HAVE HAVE NOT** applied for the National Guard Relief Fund grant before.  
(Circle One)

**Type of grant applicant qualifies for:** Service member must have been mobilized and show a financial hardship caused by their mobilization or military service \_\_\_\_\_ (FUND A)  
Service member must have incurred a financial hardship \_\_\_\_\_ (FUND B)

### **MILITARY UNIT POINT OF CONTACT FOR VERIFICATION (VERIFICATION MANDATORY)**

I verify that is service member is in good standing with the unit, and all necessary documentation is attached.

NAME: \_\_\_\_\_

POSTION/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**INCOME:**

Total Service member pre-tax civilian monthly income (before mobilization) \$ \_\_\_\_\_  
 Total Military monthly income (Pre Tax) \$ \_\_\_\_\_  
 Total Household monthly income (include spouse, roommates, etc) \$ \_\_\_\_\_  
 Estimated total monthly living expenses \$ \_\_\_\_\_

I (Printed Name) \_\_\_\_\_ am requesting a grant\* to pay for the following items:

**BILLS:**

*List bills in order of importance (overdue first)*

ITEM (Repair, Service, Bill, etc)	SERVICE PROVIDER (Company Name & Phone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space is necessary) Total Amount Requested \$ \_\_\_\_\_

*\*If granted, all checks will be made payable to the service member and the creditor*

**Required Documents**

*Please initial on the line below when each item is provided. Incomplete packets will not be reviewed by committee.*

Initials

\_\_\_\_\_ (TAB A) Attach a written statement or letter from service member or family member (if member is deployed) describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship.

\_\_\_\_\_ (TAB B) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for.

\_\_\_\_\_ (TAB C) Attach a copy of your civilian payroll record or stub indicating the monthly salary prior to deployment. (Both husband and wife if married)

\_\_\_\_\_ (TAB D) Attach a copy of two of your most recent military (LES) salary.

\_\_\_\_\_ (TAB E) Attach a copy of your most recent W-2s and Tax Return if applying for both funds. (and/or the year before mobilized if applying for Fund A)

\_\_\_\_\_ (TAB F) Attach a copy of the mobilization or active duty orders issued by the authorized headquarters. (If you are qualified and applying for Fund A)

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana and the Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws, the State of Indiana and the Joint Forces Headquarters will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, that I will be awarded the funds at a presentation at Joint Forces Headquarters, Indianapolis. A photo of myself and my statement of appreciation will be kept on file for the purpose of documentation for donors of the INGRF.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date